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CONFIRMATION NO. 4488

<b>SERIAL NUMBER</b> 10/516,528	<b>FILING OR 371(c) DATE</b> 12/02/2004 <b>RULE</b>	<b>CLASS</b> 210	<b>GROUP ART UNIT</b> 1723	<b>ATTORNEY DOCKET NO.</b> P70195US0	
<b>APPLICANTS</b> Josef Beden, Mainz-Kastel, GERMANY; Uwe Hahmann, Tiefenbronn, GERMANY; Martin Herklotz, Heusenstamm, GERMANY; Martin Lauer, St. Wendel, GERMANY; Joachim Manke, Loehnberg, GERMANY; Peter Scheunert, Friedrichsdorf, GERMANY; Manfred Weis, St. Wendel, GERMANY; Alexander Bongers, Langen, GERMANY;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/05377 05/22/2003					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 102 24 750.1 06/04/2002					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 00136					
<b>TITLE</b> Device for treating a medical liquid					
<b>FILING FEE RECEIVED</b> 1094	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		